Asylum Notes.

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Annual Report of the Maryland Hospital for the Insane for 1893.

Dr. Geo. H. Rohé, Superintendent. This report is readable, interesting and scientific.

Appendix "A" is a continuation of the observations made by Dr. Rohé on the results of surgical interference in pelvic diseases in insane females. He finds much encouragement in the fact that recoveries have followed such interference, and marked improvement has resulted in other cases.

The work has not been carried on far enough to make the statistics valuable, but, nevertheless, we believe Dr. Rohé "has struck the right lead" in operative procedure in such cases, when no organic brain disease exists.

Hystero-epilepsy has been improved and cases cured by ovariotomy. Even hysterectomy is not without the field of justifiable operations, if the indications favor it. We advise those interested to carefully peruse this report.

Appendix "B."—"The Hypodermic Injection of Sulphate of Magnesium as a Purgative," by J. Percy Wade, M. D., Assistant Physician, of which the following is a summary:

Forty-six patients were selected, who suffered from habitual constipation, and required from 2 ounces to 3 ounces of a saturated solution of magnesium sulphate to produce one or more free movements of the bowels.

A two per cent. solution of Epsom salts in sterilized water was used. The hypodermic syringe employed had a capacity of two drachms, and when not in use was kept in carbolized oil. Just previous to use, the needle was sterilized by steam. The dose varied from 1.86 grains to 4.5 grains. The smaller dose was first tried, and at each subsequent injection was increased ½ grain, in order to determine whether a slight increase in the dose would cause a free evacuation. It was found that the small dose acted as efficiently as the slightly larger.

The site of the injection was the left arm, at the outer aspect, midway between the elbow and shoulder. In none of the cases was there any local reaction at the point of injection.

The injection was made 100 times in the 46 patients, and was successful 67 times, or 67%, and failed to act 33 times, or in 33%.

In 53 injections it produced one evacuation of the bowels; in ten, it produced two movements, and in four, it produced three evacuations.

In only two patients were the injections a constant failure, and both of the patients were of the class of melancholia with habitual constipation, who resisted nearly all purgatives.

In nine cases the injection of 1.15 grains—one-half the average dose—was repeated in one hour, and caused two evacuations in five cases; in one, three movements; in two, one; in one, failed to act at all. This action shows that a small dose repeated in a short time has a better effect than one single dose of larger size.

In ten selected cases a comparison was made between the hypodermic injection of magnesium sulphate and the exhibition of a saturated solution by the mouth. In seven cases, or 70%, the injection produced free evacuation; whereas one ounce given by the mouth acted in only three, or 30%.

The shortest time for the injection to produce an evacuation was three hours; the longest, fourteen hours —the average being seven hours.

As to the consistency of the stools—45 may be said to have been watery, resembling those produced by a free saline purgative; in 11, they were mucilaginous in character, and the remaining 11 were the ordinary stools.

No action was noticed upon the general system following the injection.

In 50 injections noticed ½ hour after the injection no rise in temperature, pulse or respiration occurred.

The indications for the use of the drug by hypodermic injection are obvious. In cases of gastric inflammation, where a purgative is required and the stomach rebels; in abdominal surgery, where a purgative by the mouth is apt to cause vomiting, and in cases where the patient is unconscious and unable to swallow, as in apoplexy, the hypodermic use of this purgative would be valuable.

In none of the 46 cases did such indications arise, but the work was done as an experiment and to demonstrate the value of the drug as a therapeutic agent when given subcutaneously. No explanation is offered as to its physiological action. That it does act when so given is a fact.

The effect could not be attributed to suggestion, as the patients did not know with what object the injections were made; besides, insane patients are notoriously difficult to influence by suggestion.

Appendix "C" is a valuable contribution on the subcutaneous "Infusion of a Nutritive Salt Solution in Cases of Refusal or Inability to Take Food," by Milton D. Norris, M. D., Assistant Physician. Experience with this class of cases can only give one the idea of the true worth of this method of feeding, which, it is claimed, originated with Dr. Rohé. The Reviewer, however, experimented in this line several years ago, but did not meet with the happy results claimed by Dr. Norris.

His method is as follows:

The solution used was composed of 12 to 14 ounces of sterilized water, to which, after partially cooling, were added the whites of two eggs and 30 grains of common salt. This was filtered through cheese cloth. The resulting liquid had about the appearance and consistency of simple syrup, and would coagulate on being heated. Only the whites of eggs were used, because they do not require any previous digestion, but can be directly assimilated.

An ordinary stomach tube and a medium sized aspirating needle were the only instruments employed in giving the infusion. No force except that of gravity, was used, and generally only one puncture of the needle was required. The loose tissue over the gluteal region was always selected as the point of puncture, and the time required to inject the 14 ounces was never over 15 minutes. The injection of this large quantity of fluid in such a limited area would, of course, make a considerable swelling, but this would disappear in an hour, and there was not a single case in which any bad effect followed the injection.

The subcutaneous method has the advantage over the intravenous of a gradual absorption of the fluid, and, therefore, no danger of overwhelming the heart, besides, there is no danger of emboli or the admission of air into the veins, and this method can be used by any one with a little care, while the intravenous can only be used by the skillful.

It is well known to every alienist that certain cases of melancholia with refusal of food, not due to delusions, will gradually emaciate and die in spite of the most persistent artificial feeding, and it is in these cases that the subcutaneous infusion of nourishment will find its greatest use.

In case of delirium tremens where the stomach will not tolerate anything, this method affords an excellent means of keeping up the patient's strength during the three or four days that the stomach is resting; also in severe cases of vomiting, of pregnancy, and any case where the stomach must have rest, this method of giving nourishment will be useful.

It has the advantage over rectal feeding of not being so dangerous nor so disagreeable to the patient and of being more certain in its effects, besides it stimulates the heart and increases arterial tension, which is important in cases that are very low, as most of those will be in which this method is indicated.

This method of administering nourishment can be used to advantage in a considerable number of cases by both the alienist and the general practitioner.

Neuro-Trophic Disease.—A case is reported by Sir Dyce Duckworth, M.D., in the *British Journal of Dermatology*, for December, 1893, in which the patient, three months after recovering from a severe attack of enteric fever, came to him complaining of extreme sensitiveness over the region of the thighs and over the malleoli. Examination of the parts revealed several longitudinal stripes of linear atrophy and hyperæsthesia over the legs. Careful investigation disclosed no other evidence of nerve lesion. The occurrence of lineae atrophicae as a sequela of enteric fever have been previously reported. The atrophy together with the hyperæsthesia pointed, the author thought, to the neurotrophic nature of the lesion, and indicated that both trophic and sensory branches of nerves might thus give token of the damage wrought upon them by the special toxine of the fever. B. M.